

UNITED STATES DISTRICT COURT

for the

Southern District of Mississippi

BRANDON MENG

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Plaintiff(s)

v.

Civil Action No. 2:24cv199-KS-MTP

WILLIAM CAREY UNIVERSITY, ITALO R.
SUBBARAO, D.O., and EDWARD FRIEDLANDER,
M.D.

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Defendant(s)

SUMMONS IN A CIVIL ACTION

To: (*Defendant's name and address*) EDWARD FRIEDLANDER, M.D.
 710 WILLIAM CAREY PARKWAY
 HATTIESBURG, MS 39401

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

JIM WAIDE
 WAIDE & ASSOCIATES, P.A.
 P.O. BOX 1357
 TUPELO, MS 38802

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: December 23, 2024



ARTHUR JOHNSTON

CLERK OF COURT

Signature of Clerk or Deputy Clerk

Civil Action No. 2:24-cv-199-KS-MTP

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

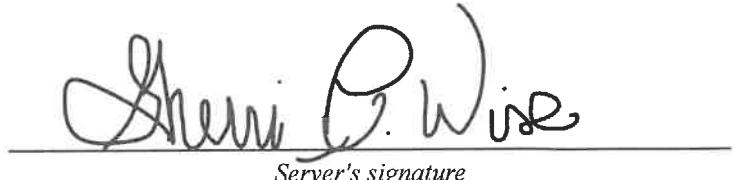
This summons for (*name of individual and title, if any*) Edward Friedlander M.D. was received by me on (*date*) Jan 14, 2025, 3:00 pm.

- I personally served the summons on the individual at (*place*) 710 William Carey Parkway, Hattiesburg, MS 39401 on (*date*) Wed, Jan 29 2025; or
- I left the summons at the individual's residence or usual place of abode with (*name*) _____, a person of suitable age and discretion who resides there, on (*date*) _____, and mailed a copy to the individual's last known address; or
- I served the summons on (*name of individual*) _____, who is designated by law to accept service of process on behalf of (*name of organization*) _____ on (*date*) _____; or
- I returned the summons unexecuted because: _____; or
- Other: _____; or

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____

I declare under penalty of perjury that this information is true.

Date: 1/29/25



Sherri Wise

Sherri Wise

*Server's signature*Sherri Wise*Printed name and title*

429 E Commerce St Suite 205
Hernando, MS 38632
662-298-1417

Server's address

Additional information regarding attempted service, etc.:

- 1) Unsuccessful Attempt: Jan 17, 2025, 8:55 am CST at 710 William Carey Parkway, Hattiesburg, MS 39401
Advised by HR reception that service will need to be scheduled. Spoke to Julie in the legal department, she advised that she will schedule a day between Jan 27- 31st with all defendants and call me to arrange service on all 3 at one time.
- 2) Successful Attempt: Jan 29, 2025, 10:18 am CST at 710 William Carey Parkway, Hattiesburg, MS 39401 received by Edward Friedlander M.D.. Age: 69; Ethnicity: Caucasian; Gender: Male; Weight: 180; Height: 6'; Hair: Gray; Eyes: Gray;